

THE CITY OF ST. LOUIS
STANDARD CERTIFICATE OF DEATH

State File No. **31438**

FILED OCT 1 1952

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3542** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Bonne Femme		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION Howard County Infirmary		d. STREET ADDRESS (If rural, give location) Rural - Richmond Twp.	
3. NAME OF DECEASED a. (First) George		c. (Last) Andrews	
b. (Middle) Jackson		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8/12/1859
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Howard County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Martin Andrews	
13b. MOTHER'S MAIDEN NAME Nancy Hudson		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME J. W. Mobley		ADDRESS Centralia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured right hip ANTECEDENT CAUSES Hypostatic pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 045	
22. I hereby certify that I attended the deceased from August 31, 1952 , to Sept 22, 1952 , that I last saw the deceased alive on Sept 20, 1952 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE James J. Dean		23b. ADDRESS Fayette, Missouri	
23c. DATE SIGNED 9-23-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/24/1952	24c. NAME OF CEMETERY OR CREMATORY Hackley Cemetery	
24d. LOCATION (City, town, or county) (State) Howard County, Missouri			
DATE REC'D BY LOCAL REG. 9-23-52		25. FUNERAL DIRECTOR'S SIGNATURE Fayette, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.